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CONFIRMATION NO. 7929

SERIAL NUMBER 10/654,959	FILING OR 371(c) DATE 09/05/2003 RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 06809-0029-00000	
APPLICANTS Morton M. Mower, Baltimore, MD; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/25/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <input type="checkbox"/> Examiner's Signature <input type="checkbox"/> Initials		STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 9
ADDRESS 22852					
TITLE Method and apparatus for providing ipselateral therapy					
FILING FEE RECEIVED 1632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		